

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 26 AM \$ 08

| (misudeuoris off back of applica   | iuon)  |
|--|--|
| 1. The name of the limited liability company is:   | SECRETARY OF STATE   |
| Pearson Auto Saies LL  | C STATE OF IDAPO   |
| 2. The complete street and mailing addresses of  |  |
| (Street Address)   |  |
| Nampa ID 83687   |  |
| (Mailing Address, if different then street address)  |  |
| 3. The name and complete street address of the   | registered agent:  |
| Michael Deasso 85  | 5 00 100 - 5 00 00 00  |
| Michael Pearson 85 (Name) (Street Additional Contract Additional C | ross) Rayler Dr Name +D  |
|  |  |
| <ol><li>The name and address of at least one member<br/>company:</li></ol>   | er or manager of the limited liability   |
| Nome   | Address  |
| Michael Peason Sa  | ine 15 Afor  |
|  |  |
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|  |  |
|  |  |
| 5. Mailing address for future correspondence (an   | nual report notices):  |
| Same As  | Abac 3   |
|  |  |
| Future effective date of filing (optional):  |  |
| Signature of organizer(s). (An organizer is a member, or   |  |
| acting in behalf of a member or members).  |  |
| m. 1/2   | Secretary of State use only  |
| Signature / / / / / / / D Pearson  |  |
| Owner - President )  | Name of the last o |
| Signature  | d orracont, ong land PME   |
| Typed Name:  | IDAHO SECRETARY OF STATE 05/26/2010 05:00  |
|  | 6 CK: 443896 CT: 172899 BH: 1224836  |